1683139

NOV 2 5 2008

## 2. 510(k) Summary

Cardiovascular Systems, Inc. Company Name:

651 Campus Drive

St. Paul, MN 55112

Contact:

David Brooke

Sr. Regulatory Manager

Phone:

(651) 259-1630

Fax:

(651) 259-1696

Summary Date:

November 14, 2008

Trade Name:

Vipersphere<sup>TM</sup> PTA Balloon Catheter

Common Name:

Peripheral Angioplasty Balloon Catheter

Classification Name: Percutaneous Catheter (21 CFR 870.1250; Product Code: LIT)

Predicate Device:

510(k) Number:

K993913

Manufacturer:

Infinity Extrusion & Engineering TRUE PTA Balloon Catheter

Trade Name: 510(k) Number:

K053116

Manufacturer:

**Boston Scientific** 

Trade Name:

Sterling PTA Balloon Catheter

510(k) Number:

K971010

Manufacturer:

Cordis Corporation

Trade Name:

Savvy PTA Balloon Catheter

510(k) Number:

K052791

Manufacturer:

ev3

Trade Name:

Amphirion PTA Balloon Catheter

## 2.1 Description of Device

The Vipersphere<sup>TM</sup> PTA balloon catheter is a standard percutaneous transluminal angioplasty balloon catheter intended for use in the peripheral vessels.

The Vipersphere™ PTA balloon catheter is provided in an over-the-wire configuration with a standard y-adapter on the proximal and a hydrophilic coating balloon on the distal end. The multiple balloon sizes are available with diameter of 2.0mm to 5.0mm and lengths of 10cm, 15cm and 20cm.

### 2.2 Intended Use

The ViperSphere PTA balloon dilatation catheter is intended to dilate stenoses in peripheral arteries including the iliac, femoral, popliteal, and infra-popliteal arteries and for the treatment of obstructive lesions of native or synthetic arteriovenous dialysis fistulae.

### 2.3 Conclusions

The Vipersphere<sup>™</sup> PTA balloon catheter is substantially equivalent to the predicate devices. Laboratory test data were provided to support the safety and effectiveness of the Vipersphere PTA balloon catheter.



Food and Drug Administration 9200 Corporate Boulevard Rockville MD 20850

## NOV 2 5 2008

Cardiovascular Systems, Inc. c/o Mr. Mark Job Reviewer Regulatory Technology Services LLC 1394 25<sup>th</sup> Street NW Buffalo, MN 55313

Re: K083139

Vipersphere<sup>™</sup> PTA Balloon Catheter Regulation Number: 21 CFR 870.1250 Regulation Name: Percutaneous catheter

Regulatory Class: Class II

Product Code: DQY

Dated: November 17, 2008 Received: November 18, 2008

### Dear Mr. Job:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the <u>Federal Register</u>.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050. This letter will allow you to begin marketing your device as described in your Section 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please contact the Center for Devices and Radiological Health's (CDRH's) Office of Compliance at (240) 276-0120. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21 CFR Part 807.97). For questions regarding postmarket surveillance, please contact CDRH's Office of Surveillance and Biometrics' (OSB's) Division of Postmarket Surveillance at 240-276-3474. For questions regarding the reporting of device adverse events (Medical Device Reporting (MDR)), please contact the Division of Surveillance Systems at 240-276-3464. You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (240) 276-3150 or at its Internet address <a href="http://www.fda.gov/cdrh/industry/support/index.html">http://www.fda.gov/cdrh/industry/support/index.html</a>.

Sincerely yours,

onna R. Vollner

Bram D. Zuckerman, M.D. Director

Division of Cardiovascular Devices

Office of Device Evaluation Center for Devices and

Radiological Health

Enclosure

# 1. Indications for Use Statement

510(k) Number: <u>K083139</u>

Device Name: Vipersphere™ PTA Balloon Catheter

### Indications for Use:

The ViperSphere PTA balloon dilatation catheter is intended to dilate stenoses in peripheral arteries including the iliac, femoral, popliteal, and infra-popliteal arteries and for the treatment of obstructive lesions of native or synthetic arteriovenous dialysis fistulae.

Prescription Use X (Part 21 CFR 801 Subpart D)

AND/OR

Over-The-Counter Use (21 CFR 801 Subpart C)

Concurrence of CDRH, Office of Device Evaluation (ODE)

(Division Sign-Off)

Division of Cardiovascular Devices

510(k) Number <u>ko83139</u>